V. S. No. 1.

stated EXACTLY. PHYSICIANS should state. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS AGE N. B.—Every Item of CAUSE OF I 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

[If death occurred in a hospital or institution, give its NAME Instead

FULL NAME Thomas alvan A	aano	••
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Male & Mile Single, Married, Widowed, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month)	(Day (Year)
DATE OF BIRTH	Med HEREBY CERTIFY, That I a	ettended deceased from
(Youth) (Day (Year)	that I last saw him alive on Afue	6 ,1915
TAGE If LESS than 1 day,hrs.	and that death occurred on the date stated a	bove, at 62 m
yrs	The CAUSE OF DEATH* was as follows:	•
(a) Trade, profession, or particular kind of work.	Ulucular Thumas	un
(b) General nature of industry, business, or establishment in which employed (or employer) PRITHPLACE (State or country)	Contributory & Province Dught Secondary	
10 NAME OF W. & Adams	(Signed) I. O. Monors	yrsmosds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, 1	n deaths from VIOLENT
12 MAIDEN NAME OF MOTHER S. Roby	CAUSES. State (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN	(2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	Af place in the of death yrs mos ds. State	yrs ds
(Informant) H Julie 10 THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or	······································
(Address) Wardon My	USUAL FESIGENCE	DATE OF BURIAL
Filed 4/13", 1915- J. Sy. Stilkerson REGISTRAN	20 UNDERTAKER	ADDRESS
	strar, 6 E. Franklin St., Palto., Requesting V. S. I	Va 1 Mud





[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioture of the American Mcdical Association.) The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915
BUREAU, V.S.

V. S. No. 1.

N. E.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS PLAINLY, WITH WRITE

PLACE OF DEATH

Village or City Heinberville (N

Bratrice

5300 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 108

St.; Ward)

[It death occurred in a hospital or institution, give its HAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Freede Color or RACE Single, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH 7 0 19/5 (Mouth) (Day (Year)	that plast saw h 3/ alive on Antil 7, 1915
TAGE If LESS than t day, hrs. or min.? **BOCCUPATION** (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 3 A m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country.)	Contributory Calcular Purumonia Secondary
10 NAME OF FATHER OLU CONTUNE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) J Charles Musch Mos. Vds. (Signed) J Charles Musch M. D. April 1911 (Address) Aughinul Market Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Hosticidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) John Barbar (Address) Geeg Resorth, Mol Filed April 8, 191 5 J. Phappelear BEGISTEAR	Former or osual residence. 19 PLACE OF BURIAL OR RENOVAL DATE OF BURIAL PLOYMENT CHURCH CAPTURE 1916 20 UNDERTAKER ADDRESS Plud AND Mood loud Bus hamily.

Alf more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupatious a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," "Foreman," As examples: (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; nant neoplasms); Meastes; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malls. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanitlon," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from

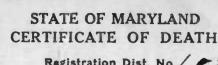


Item of information should be N.B.—Every Item CAUSE OF Important.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

1 PLACE OF DEATH



Registration Dist.	No./ 2
St.;—Ward)	[It death occurred in a hospital or institution,

ot street and nombar.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	emale Black Single, Married, Willowed, ORDIVORGED (Write the word)	16 DATE OF DEATH Affil (Day (Year)
6 D	ATE OF BIRTH	March 8, 1915, to affile 8, 1912.
	(Month) (Day (Year)	that I last saw help alive on up 8 , 1915
TA	TO ELOS (HAD)	and that death occurred on the date stated above, at
	5-6 yrs mos ds. OR min.?	The CAUSE OF DEATH * was as follows:
(a	CCUPATION) Trade, protession, or tricular kind of work	Comp. Organie Heart disease
bus	General nature of Industry, iliness, or establishment in ich employed (or employar)	(Duratioo) yrs / mas. 2 ds.
9 B	(State or country) Hashington Ca mil	Contributory
	10 NAME OF Lorenza Phippinel	(Signed) (Boration) yrs mos ds.
ARENTS	OF FATHER (State or country) Conknies.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PAR	12 MAIDEN NAME OF MOTHER CURRING.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
	13 BIRTHPLACE OF MOTHER (State or country) Unknown	At place lo the of deathyrs,mosds. Stateyrs,mosds
	(Informant) Thomas Barber.	Where was disease contracted, if not at place of death?
	(Address) Grayton Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	ed oprist 2 196 Myn Kolhon poor	20 UNDERTOKER ADDRESS
	REGISTRAR	MADO STHONISTON SON

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salcsman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomenciascpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



(1 PLACE OF DEATH	5312 STATE OF MA	RYLAND
1	tot en		OF DEATH
Coun	ty Goranda C	XX	: 7
1 :	4164, 444, 444	Registration D	ist. No.
Villa.	se or City Drentland (No.	St.: Ward)	fit death occurred in
Villag	OF GRY	St.; Ward)	a hospital or institution,
er.		1-13.	of street and number.
	FULL NAME TILLENCES SOOT	they a army	· ·
- 972	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	26 - 2005-
si Le	male Colored Widowed OR DIVORCED (Write the word)	(Month)	(Day) (Year)
0			ttended deceased from
6 DA	TE OF BIRTH	, 191; to	191
	(Mondi) (Day) , 19,44 (Year)		
7 AG			
AG	1 day, hrs.	and that death occurred on the date s	
	yrs. mos. 20 ds. OR min.?	The CAUSE OF DEATH * was as follo	ws:
8 00	CUPATION		
) Trade, profession, or ticular kind of work	A MARTA	VACUATION OF THE PROPERTY OF T
1111) General nature of industry		
bus	iness, or establishment in	(Ouration)	yrsdsds.
	ch employed (or employer)	Contributory	
- 81	RTHPLACE (State or country)	Secondary	
-	10 NAME OF	(Ouration)	yremosds.
	FATHER	(Signed) O Co Danielo!	, M. 0.
S	11 BIRTHPLACE	Cher 26, 1913 - (Address) 202 C	Conchie
Z	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, O	r, in deaths from VIOLENT
PARENTS	12 MAIDEN NAME	Causes, state (1) Means of Injury; and Suicidal or Homicidal, 7 7	(2) Whether Accidental,
PA	OF MOTHER Many Busnes!	18 LENGTH OF RESIDENCE (FOR HOSPITALS	, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At placs to the	11.
	OF MOTHER (State or country) Maruland		ts, fyrs. mos. ds.
14 TH	IE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	4 ' 4
	(Informant) Maria Barrers	Former or	
	(Informant) (Informant) (Informant)	usuel residence	
	(Address) Wel alton	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15		Dlocsom Point	agr 27, 1915
	(1pr 26, 1915 - 10 le Barnes	20 UNDERTAKER	ADDRESS
THE	Dys-local REGISTRAR	Hohn Doarman	Drentland
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No.	1.





[Approved by U. S. Census and American Public Health
Association.]

Write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm loborer, Loborer "Foreinan," "Manager," "Dealer," etc., without more of the second statement. Neyer return mobile factory. The material worked on may form part mill; (a) Salesman, (b) rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cuses, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal minc, etc. Statement of Occupation-Precise statement of oecupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tclanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "Puenpenal septichuemia," etc., when a definite disease can be ascertained as the "Heart failure," "He emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Ura mia," "Weakness," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. genital," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvulor heart disease; Chronic interstition nephrilis, etc. "Tumor" for malignant neoplasms); Mcasles; Whooping ges, peritonacum, etc., Carcinoma, Sarcona, etc., of..... (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," railwoy troin-accident; Revolver The contributory (secondary or intercurcarbolic acid—probably FOR VIOLENT DEATHS Never report merc "Exhaustion,"



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TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	f information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is vering the control of the co
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7	E - E
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H	EA

ate ery

5343 1 PLACE OF DEATH STATE OF MARYLAND CEDTICICATE OF DEATH

Village or Gity Mayride (No. Brown	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 4 5 , 1915 - (Month) (Day (Year)	that I last saw h alive on
TAGE Chad at bish If LESS than 1 day, hrs. yrs. mos ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	Julian Julian yrs mos ds

Contributory

Secondary

9 BIRTHPLACE (State or country)

11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

which employed (or employer)

10 NAME OF FATHER

PARENTS

(Informant).

15 REGISTRAR

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

. 191.2. (Address)

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place In the

of death yrs. mos. ds. State yrs, ____ mos. ds Where was disease contracted, It not at place of death?-

usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Former or





[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None been changed or given up on account of the nisease (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For pa (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Curcin-

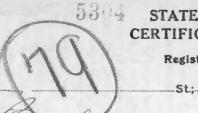
mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a dcfinite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) such, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every liem of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 01

PLACE OF DEATH County



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred ta a hospitat or institution, give its NAME instead of street and number.]

²FULL NAME		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RAGE MARRIED, WIDOWED; Ordows f ORDIVORCED (Il'rite the word)	16 DATE OF DEATH (Month) (Day (Year)	
6 DATE OF BIRTH (Month) (Day (Year))	that I last saw h see alive on Affect (2015)	
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at	
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	(4.32)	
business, or establishment in farm Eoof	Gontributory Reele Coodear Achther Secondary (Duration) yrs mos ds. (Duration) yrs mos ds.	
FATHER A C C C C C C C C C C C C C C C C C C	(Signed) (Address) (Address, state (1) Means of Injury; and (2) whether Accidentally Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. Where was disease contracted,	
(Informant)	If not at place of death? Former or usual residence	
(Address) 4 to the	PRIACE OF BURIAL OR REMOVAL DATE OF BURIAL Charles 20 UNDERTAKER ADDRESS	
REGISTRAR	Herour Begandle	
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples: The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puebperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Dropsy," "Exhaustion," Never report For Vio-



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	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve important. See instructions on back of certificate.	
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 104 Itf death occurred to ...Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH Jak Kin 3 SEX 5 SINGLE, & 4 COLOR OR RACE MARRIED. WIDOWED. (Day (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day (Month) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at A. 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) FATHER PARENTS 191.5. (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER/ 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ____ mos. ___ ds Where was disease contracted. If not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS RECISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichacample: Medics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition." "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Never report



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PHYSICIANS should state

RECORD

A PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

1 PLACE OF DEATH Village or City Pottor when

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[If death occurred in

FULL NAME Caroling 9)	aussice Classes of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH Stack 29, 1916
6 DATE OF BIRTH Chief 29, 1826 (Month) (Day (Year)	that I last saw had alive on Office 6 1916.
TAGE S yrs o mos o ds or min.?	and that death occurred on the date stated above, at £-30 a.m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Discrete** **Country** **Count	Contributory Secondary (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 DE TOURS OF COUNTRY) 12 MANUEL NAME OF FATHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Lote cocles & 2 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lote December 14	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Pourous/King 16 Filed (April 30, 1911 Pomarshall Registran	20 UNDERTAKER Low



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the "Mauager," "Dealcr," etc., without more precise specistatement. additional live is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age who have no occupation whatever, write Nonc. beeu changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermateriai worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. essary to know (a) the kind of work and also (b) cases, especially in iudustriai employments, it is nec-Civil engineer, Stationary freman, etc. But in many first liue will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scotichaccause. Always qualify aii diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvilsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenela. "Contributory." injury, as fracture of skuli, and eonsequeuees (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgieai operatiou was undertaken. Bronchopneumonia (seeondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



V. S. No. 1.

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County Charles STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Tornfut (No. St.; Ward) St.; Ward) Full NAME St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
State of Death Will (Month) (Day (Write the word) Manual 17 HEREBY CERTIFY, That I attended decease
(Month) (Day (Year) TAGE GLU (J. 1915, to Gline (J (Month) (Day (Year) (The state of the
f day,hrs. OR min.? The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry,
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory of the graph of
OF FATHER
(State of country) (State
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place in the ot death
(Intermant) Harry Armon's If not at place of death? Former or usual residence.
(Address) Confine in 19 place of Burial OR REMOVAL DATE OF BURI 16 Filed # //6" 1915 J. M. Stilleran 29 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD FOR BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN V. S. No. 1.

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1 PLACE OF DEATH	STATE OF MARYLAND
County Clorks	CERTIFICATE OF DEATH
Village or City Du Bin (No. No. No. No. No. No. No. No. No. No.	St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SELLE COLOR OR RAGE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) G DATE OF BIRTH MON 7 914	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That Lattended deceased from 191 191 191 191 191 191 191
7 AGE (Month) (Day (Year) 1 (LESS than t day,hrs. ORmin.?	that I last saw has alive on the date stated above, at 3 SNA The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Much	Contributory (Color Free Lucy Secondary (Ouration) yrs mos ds (Ouration) yrs mos ds
10 NAME OF FATHER B B BY STATE OF FATHER B B BY STATE OF FATHER (State or country) 12 MAIDEN NAME BY STATE OF MOTHER BY STATE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) 25, 1915 - MON MAJANUS PEGISTRAR If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL ADDRESS OTAR, 6 & Franklin et., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerrenal septichacete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatie), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEAN'S OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



UNFADING INK-THIS IS

PLAINLY, WITH

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See Instructions on back of certificate,

DEATH in plain terms,

CAUSE OF Important. S

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of Information

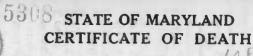
PHYSICIANS should state of OCCUPATION is very

RECORD

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EXACTLY.

		_			
PL	AC		OF	DE	ATH



			1/
Registration	Dist.	No	-10

Co	ounty Chao:	CERTIFICATE (OF DEATH
		Registration D	ist. No.
Vii	12 PULL NAME Henry Clay	Bois St.; War	(d) [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
38	ex 4 color or race 5 single, MARRIED, White word) 4 color or race 5 single, MARRIED, WIDOWED, Wrote the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY. The	(Day (Year)
6 D	ATE OF BIRTH ON 3 (Month) (Day (Year)	that I last ssw ham allve on a	r, 20, 1915
TA	GE If LESS than 1 day, hrs. OR min.?	snd that death occurred on the date state. The GAUSE OF DEATH* was as follows:	
(a	CCUPATION) Trade, profession, or ricular kind of work.	Organia Hear	1.70
bus	General nature of Industry, iness, or establishment in ich employed (or employer)	Guration)	unknown ds. ds.
B	(State or country) Chas- Co.	Secondary (Bandles)	chowing one
	10 NAME OF John Henry House	(Signed) Sast Edele	, M. D.
ARENTS	OF FATHER (State or country) Chax Co.	State the DISEASE CAUSING DEATH,	of autow.
PAR	OF MOTHER Elizabeth Davis Lynn	Laurent of Residence (for Hospital)	
	13 BIRTHPLACE OF MOTHER (State or country) Phosle co mal	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the of death yrs mos ds. State	
	(Informant) This Florence Freeman	Where was disease contracted, If not at place of death? Former or	***************************************
	(Address) Charlotte Hall	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	should son & You AN Phablack	Mas Dudystine	aprel 29, 1915
F11	ad (1 1/297 1 V 1 0404 7 700 1 V (V (M / A , V))	- UNDERTAKER.	ADDDESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septiehae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of etc. State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1915
BUREAU, V.S.

B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS Important. See instructions on back of certificate. PLAINLY, WITH WRITE

5369 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 103

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, Write the solution	(Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (Month) (Day) Year)	****
O yrs. O mos. O ds. OR. O.min.	The CAUSE OF DEATH+ was as follows:
occupation (a) Trade, profession, er particular kind ef work.	Jamaline Julia
b) Genoral nature of Industry, usiness, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds
State or country) Charles (9.)	Contributory (Secondary) (Ouration) yrs mos ds
11 BIRTHPACE	House all lamon
OFFEMER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Selexacille Ma	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL 1916
Filed 4-19, 1915 J. S. HENGELT REGISTRAR	20 UNDERTAKER (Services) ADDRESS



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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Fublic Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first ilne wiil be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc... Carcin-

genitai," "Seniie," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 de.: valvular heart discase; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915
BURTALLY.S.

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Coun	go or City Pomfret (No. 15	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /05 St.; Ward) [If death occurred a hospital or institution of the control of t
	2 FULL NAME Marie A	give its NAME instr of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jer Ter	nale Color or race 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Month (Day) (Your 17 HEREBY CERTIFY, That I attended deceased in
6 DA	(Month) (Day) (Year)	that I last saw h alive on 19
7 AG		and that death occurred on the date stated above, at
o o par (b	CCUPATION) Trade, profession, or ricular kind of work) General nature of lodustry siness, or establishment in	Premature Birt
_	IRTHPLACE (State or country)	Contributory Secondary
S	10 NAME OF GLORGE HENSON	(Signed) (Signed) (Signed) (Signed)
RENT	of FATHER (State or country) 12 MAIDEN NAME ()	*State the DISPASE CAUBING DEATH OF, in deaths from VIOLES CAUBER, state (1) MEANS OF INJURY; and (2) whether ACCIDENTA SUICIDAL OF HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country) Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place In the of desth yes masds. State,yes mas
	(Informant) Cucy Shorter	Where was disease contrasted, If not at place of death? Former or ueuat residence
15	(Address) Compret md.	St. Josepha Cm. 4-24, 191
File	ed 4/04, 191 5 T. a. Wheatley	20 Undertaken Brooks omfres
	If more blanks are newted, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe dutics of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housemaid, etc. For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed (b) Auto-

fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); causing death (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, meninterm for the same disease. time and causation), Typhoid fever (never report "Typhoid pneumonia" RECEIVED Statement of Cause of Death-Name, first, the DISEASE using always the same accepted Examples: Cerebrospinal

head-homicide; Poisoned by carbolic acid-probably on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uratmia," "Weakness, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiol ges, perilonacum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning. "PUERPERAL peritonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronnephritis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere "Exhaustion,"

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. ence. All the data is essential and must be obtained before If the certificate is looked over thoroughly and all ques-

BURTAU, V.S.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS See instructions on back of certificate. PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of WRITE

PLACE OF DEATH

531 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 102

St.; Ward)

[If death occurred in a hospital or institution.

FULL NAME	give its NAME instead of streef and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Month) (Day (Year) 17 I hereby Certify. That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	, 191, to, 191, that I isst saw h
7 AGE If LESS than f day,hrs. ormin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mgs ds.
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country)	(Signed) (Signed) (Signed) (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TYPE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OT HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death?
(Address) Piverside ma	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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S. No. 1

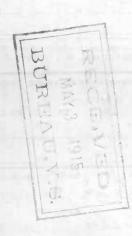


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons causing dearii, state occupation at beginning of illshould be taken to report specifically the ocenpations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oeeupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of ocenpa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease eausing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Tuerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerreral scotiehaccte., when a definite disease can be ascertained as the nns," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (seeondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



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WRITE

state PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT classified. pe D properly pe may certificate. 80 50 back terms, pinou 00 PLAINLY, piain instructions information = EATH See 90 0 OF item Every item CAUSE OF Important. 80 z

5312 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in -Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191..... 191 to that I last saw h _ alive on ______ 191____ Month) Day (Year) TAGE if LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH* was as follows:mos..... OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VACLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACODEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) At place In the .

of death _____ yrs. ___ mos. ___ State _____ yrs. ____ mos. __ _ ds. Where was disease contracted. If not at place of death? Former or

osual residence

20 UNDERTAKE

ADDRESS

If more blanks are needed, addres State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Address) 15 REGISTRAR

13 BIRTHPLACE

OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE

NOWLEDGE

DATE OF BURIAL



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustion,"



1 PLACE OF DEATH

	1 PLACE OF DEATH	2000	STATE OF MA	ARYLAND
	ounty Charles		CERTIFICATE	OF DEATH
G	ounty 2000 at Colored	034	Registe	red No. 106
	. P	101		fif dooth accurred in
٧	illage or City Pizze outly (No.		St;War	d) a hospital or institution.
	2000	1		give its NAME Instead of street and number.]
	FULL NAME Williams 13.	fluna	w.	******
	PERSONAL AND STATISTICAL PARTICULARS	M	EDICAL CERTIFICATE O	F DEATH
SE	4 COLOR OR RACE 5 SINGLE, MARRIED, Jungle	16 DATE OF DEA	(Chann	19 1014
-	WIDOWED, ORDIVORCED (Write the word)		(Month)	(Day) (Year)
1		17 1	HEREBY CERTIFY, That	I attended deceased from
D	ATE OF BIRTH	••••••	191 to Cofee	2c/ /8 1915.
	(Monto) (Day) (Year)	that I last saw h.	imalive on Cyle	zil 18 1915-
AG				above, at 9-31 A, m,
	1 day,hrs.	11	EATH* was as follows:	
		Tuck	electoris	of the
	CCUPATION Trade, protession, or		Jullowin	
par	ticular kind of work.	1: 0	Ces	_/
(b) busi	General nature of Industry, iness, or establishment la		(Duration)	vre 6 mae V de
_	ch employed (or employer)			1100
(St	(RTHPLACE tate or country) 6 Leaveler 60.	(Secondary)	******************************	
1			/ _	yrsds.
	10 NAME OF FATHER 7. C. C.	(Signed)	W. Mute	hece M.D.
S	11 BIRTHPLACE			conTleach, to
Z	OFFATHER (State or country) Charles	*State the Drs	SEASE CAUSING DEATH OF	In deaths from Vrorman
N M	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY: an	d (2) whether Acciden-
PA	OF MOTHER Carrie Brewson	18 LENGTH OF R	ESIDENCE (FOR HOSPITALS	INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RES	IDENTS)	· · · · · · · · · · · · · · · · · · ·
	(State or country) Charles 60	ot death yrs	mos ds. State	yrs mos ds.
4 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease co	ntracted, h?	
((Interment) Low theyour	Former or		
,	Til the		RIAL OR REMOVAL	
_	(Address) Pricouling Mill.	St Po	A A A A	DATE OF BURIAL
15	ailso of Property	20 UNDERTAKER	rances	ADDRESS
File	ed 1915 Lauran REGISTRAR	0016	arpenly	XD.
	If more blanks are needed, address State Registrar, 6 I			Juago.
	- more distance and more of white the medicinal, O I	er a laurain Ol. Dall	W. MEUHEBILINE V. N. NO. 1	// (")

STATE OF MARYLAND





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuiessary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—In all primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated nuder the head (Recommendations on statement of (name origin; "Can-Examples:



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PHYSICIANS

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1 PLACE OF DEATH

County.....

Village or City

5314

16 DATE OF DE

that I last saw

and that death of

The CAUSE OF

Contributory

*State the CAUSES, state TAL, SUICIDAL

18 LENGTH OF OR RECENT RI

Secondary

(Signed)....

At piace

Former or

usual residence

1 dayhrs.

OR min. ?

STATE OF MADVIAND

CERTIFICATE OF	
Registration Dist.	No
St.; Ward)	[If death occurred in a hospitat or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
(Month)	23. , 1915. (Year)
HEREBY CERTIFY, That I a	
1915, to 4 -	23- 1913;
alive on 4 - 2	4
DEATH * was as follows:	
(Ouration)	yrsmos & O. ds.
J. L. Higa	yrs 'mos / D ds.
, 191.5- (Address) Mon	sich
DISEASE CAUSING DEATH, or, or (1) MEANS OF INJURY; and or HOMICIDAL.	
RESIDENCE (FOR HOSPITALS, IN	STITUTIONS, TRANSIENTS,

2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word)

DATE OF BIRTH

(Month (Day It LESS than

particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

BOCCUPATION (a) Trade, profession, or

11 BIRTHPLACE

(State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country

14 THE ABOVE IS

(Address).....

15 Toda REGISTRAR 19 PLACE OF BURIAL OR REMOVAL

ot death yrs. mos. ds.

Where was disease contracted.

It not at place of death?

DATE OF BURIAL

State yrs. _

20 UNGERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every Item of information should be carefully supplied. AGE should be s CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

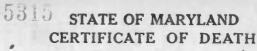
Every Item of information should be CAUSE OF DEATH In plain terms, s

NB

AGE should be stated EXACTLY. PHYSICIANS should state roperly classified. Exact statement of OCCUPATION is very

RECORD

PLACE OF DEATH



Registration Dist, No.

----Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead

	000'00'	0	
2FULL	NAME Welliam	Cl. s	graan

	FULL NAME William a	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male Glack Single, Married, Willowed, OR DIVORCED (Write the word)	16 DATE OF DEATH Ronth) (Day (Year)
6 DA	ME OF BIRTH Wonth (Day (Year)	that I last saw h was alive on Q DY 1915.
7 A G		and that death occurred on the date stated above, at from, The CAUSE OF DEATH* was as follows: Perfections Paralysis
(a) par (b)	Trade, profession, or ficular kind of work. Beneral nature of Industry, ness, or establishment in	Certerioschersie
9 B I	ch employed (or employer)	Contributory (Duration) yrs mos ds.
ARENTS	10 NAME OF FATHER William Jordans 11 BIRTHPLACE OF FATHER (State or country) Oliable Co, PMI 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
4	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
	Interment) marthy findam,	It not at place of death?————————————————————————————————————
15 File	ed Opril 91, 1915 Normal Belling	19 PLACE OF BURIAL OR REMOVAL Chapel april 2 2 1915 30 UNDERTAKER ADDRESS W M B Thomas Jonesh La
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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Filed...

PHYSICIANS should state of OCCUPATION is very RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLACE OF DEATH	STATE OF MARYLAND
ounty Charles	(1) 100 CERTIFICATE OF DEATH
	Registration Dist. No.

Gounty	harry		/XI	U CE	RIIFICALE O	/ 4
	-	2	1 41		Registration Dis	t. No. / 0 /
Village or City	LL NAME	himos	J. S	Laugher	St.;Ward)	[If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSO	ONAL AND STATIST	CAL PARTICULA	RS	MEDI	CAL CERTIFICATE O	F DEATH
3 SEX	4 COLOR OR RACE	Single, MARRIED, WIDDWED, ORDIVORCED (Write the Wo	remis rd)	16 DATE OF DEATH	(Month)	Day (Year)
DATE OF BIRT	H June (Month)	/2	, 1855	that I lad Saw h	- decies to	at the
7 AGE		(Day	tf LESS than 1 day,hrs. ORmin.?	we are	red on the date stated	above, at m
8 OCCUPATION (a) Trade, profession particular kind of w (b) Generat nature	vork		894400000000000000000000000000000000000	Organi	Serion	Heart "
business, or estab	employer)		144444	Contributory	(Duration)	wys mondos de
10 NAME O FATHER	Clopes A.	Lang	ley	(Signed)	(Doration)	yrs mos ds
02 12 MAIDEN	NAME	a.		*State the DISEA	MEANS OF INJURY: ar	in deaths from VIOLENT
13 BIRTHPL	danh	Laure Wa	lers	At place of death yrs	in the mos ds. State	INSTITUTIONS, TRANSIENTS
(Interment)	STRUE TO THE BES	TOF MY KNOW!	EDGE	Where was disease contractif not at place of death?—— Former or usual residence		
15	myante	m., M.		19 PLACE OF BURIA Thomas Of The Control of the Con	OR REMOVAL	DATE OF BURIAL
Filed				CHYCH IANER) /	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. f

REGISTRAR





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32

PLACE OF DEATH

County Charles	CERTIFICATE OF DEATH
	Registered No. 105
Village or City Purifict (No. 2)	give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, Mccares el Widowto, ORGIVORGEO (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH The state of DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Africal Z. 1915, to Africal S. 191/5,
(Month) (Day) (Year)	that I last saw her alive on Afort 5- 1916-
7 AGE It LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at 7.50 a, m, The CAUSE OF DEATH* was as follows: Siale Tex Medities
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(New aik obte from refrict come condition of the Comme Confer Commenter Diagnosis Confer (Buration) yrs. & mos. — ds.
State or country)	Contributory (Secondary) Dialitic tomaca (Duration) yrs mos 3 ds.
10 NAME OF FATHER Lofue 12. Laub	(Signed) J. W. Mitchiec
11 BIRTHPEACE OF FATHER (State or country) 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Catherine Camp bell 13 BIRTHPLACE OF MOTHER (State or country) Pa-	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Edw. a. T. In Therson	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Powers Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
If more blauks are needed, address State Begistrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (rctired 6 yrs.). For persons CAUSING NEATH, state occupation at beginning of illness of various pursuits can be known. The question been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmine, etc. material worked on may form part of the second the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing practice of death—Name, first, the disease causing primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclachildbirth or miscarriage, as "Puerperal scptichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for inus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... The contributory (secondary or Intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name orlgln; "Can-Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY5 1915
BUREAU, V.S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS 4

5

1 PLACE OF DEATH

318 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 103

-01000	S	t.;	1	Ward)
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It death occurred in a hospital or institution, give its NAME instead

	FULL NAME Chamby V. In	mahall of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	** COLOR OR RACE Single, MARRIED, WIDDWED, We down & ORDIVORCE (Write the word)	16 DATE OF DEATH 4 - 29 - 1913 (Month) (Day (Year)
6 D	(Month) (Day (Year)	that I last saw here alive on I for 18 1 1914.
7 A		and that death occurred on the date stated above, at
(a) pa	CCUPATION) Trade, profession, or Arrival kind of work	Instrul Incompeting
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) 2 776 Milos ds
9 BI	(State or country) Charles County Ind,	Secondary
TS	10 NAME OF FATHER Madison form	(Signed) I Atricho, M. D 4-30-, 1913: (Address) Hansih
AREN	(State or country has, By Just). 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
Q.	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
	(Interment) Tacher of the Best of MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
15 FII	ed 4 30, 1915 Char W. Roly Registran	Shylo Church DATE OF BURIAL May 1 1915
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. B.-



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more preelse speelthe nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state ocenpation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The question

Statement of cause of death—Name, first, the msease causing nearth (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhanstion," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "ConvnIslons," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. three of the American Medical Association.) eanse of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Measles (disease eansing death), 29 ds.; (Recommendations on statement of



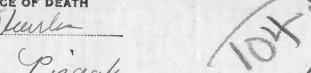
WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT

RECORD

N. B.—Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 101

St.;Wa	ard)

[If death occurred la hospital or institution,

2FULL NAME Glady V. M	give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenul 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH OF 3 ,1915 (Month) (Day (Year)
7 AGE (Month) (Day (Year) 7 AGE (If LESS than 1 day,hrs.	that I last aaw h was as follows:
e OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Brichweites Gartis-enteretis (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Charle Co Mol:	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER ENTERING! Murphy 11 BIRTHPLACE OF FATHER (State or eountry) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) G. C. Brickmull, M. D. After 4, 19t. 5. (Address) Paragah, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Charles Co. gnd	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONE, TRANSIENTE, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds
(Informant) Crithur & Musely 1	Where was disease contracted, It not at place of death?
(Address) Pio-gall, Mal.	Con Wallies heck Gil 52 , 191 5
Filed, 191 REGISTRAR	6 Darpenter Tight ms
If more blanks are needed, address State Regis	trar. 6 E. Franklin St. Ralto Doguesting V St. N.

., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmla," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1915
BUREAU, V.S.

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5320 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. MARRIED. married WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 1839 (Month) (Day (Year) TAGE II LESS than and that death occurred on the date stated above, st_ 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) - A Ceron 9 BIRTHPLACE (State or country) Contributory. Secondary (Doration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ __ ds. State __ Where was disease contracted. THE ABOVE IS TRUE If not at place of death? Former or usual residence LACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

It death occurred in

(Year)

a hospital or institution.

give its NAME tostead of street and nomber.]

(Dav

DATE OF BURIAL

ADDRESS



[Approved.by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

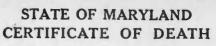
injury, as fracture of skuli, and consequences (e. g., uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerderal poritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS A olo WRITE N. B.-



Registration Dist. No. 103

St.;....Ward)

5321

[it death occurred in a hospital or institution, give its NAME instead

FULL NAME AMEN OTHER	of street and oumber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR DACE 5 SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw hall alive on
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, er particular kind of work	Justaly tellerfieles
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Deration) yrs mos 6 ds
10 NAME OF FATHER POSS Mariman	(Signed)
I BIRTHPLACE OF FATHER OF COUNTRY)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
A TO MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(Intermant)	If not at place of death? Former or usual residence
(Address) Ruchtura	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed april 28, 1915 Leonard 8. Hisbert	20 UNDERTAKER APPRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. 8. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc... Carcin-

mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scpticharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marus genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medicai Association.) dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECE, VED
MAY 5 1915
BUREAU, V.S.

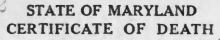
UNFADING INK-THIS

RECORD

PERMANENT

of information should be carefully aupplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate. of Information should be N. B.—Every Item CAUSE OF

1 PLACE OF DEATH (No....



Registration Dist, No.

St.; Ward)

[If death occorred in a hospital or institution, give Its NAME lestead

FULL NAME SAMMASSIM 6	Of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale lessons (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last aaw hallve on
7 AGE It LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Mark Created
business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) lefulus les ful 2 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER	(Signed) (Signe
(State or country) Lefulls Co MO 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Assure & Description	of deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Marling Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Colongles Colonich Colonich 9, 1915 20 UNDERTAKER ADDRESS
Joele REGISTRAN	le & Caspenler Pingahwb strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronio ralvular heart disease; Chronic interstitial nephritis, scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "."Convulsions," "Debility" ("Con-For VIO-



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Piggal (No. Particulars) PERSONAL AND STATISTICAL PARTICULARS

5323 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 101

...St.;.....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and nombor.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Married Wioweb, Married Wioweb, Oronvorgeb (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from [191, 191, 191
(Month) (Day (Year)	that I last saw halive on, 191
Chart 55 yrs mos ds. OR min.?	and that death occurred on the date stated abovs, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Suscide by firsterms
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duratioo) yrsmosds.
(State or country) hew lessey	Secondary
10 NAME OF FATHER (MILLINOWY)	(Signed) Luy Dalezer J. Cel and B. D. (Signed) Luy Dalezer J. Cel and B. D. (Address) Luzel Mid.
Z OFFATHER (State or country) undluwer	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
A OF MOTHER UNICHOUS	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Undbusion	At place to the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jones Jones	Where was disease contracted, If not at place of death? Former or osoal residence.
(Address) Jagah Ind	merrin Holl Gen. 13 , 1916
Filed Grad 12, 1915 / A Saulfuland REGISTRAR	20 UNDERTAKER . ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the oecupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant ncoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sopsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal schiichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in dctail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY6 1915 BUREAU, V.S.

V. S. No. 1.

tate	PLACE OF DEATH	STATE OF MARYLAND
st.	County Charles	CERTIFICATE OF DEATH
Dia Is	County Muster	105-
o NO		Registration Dist, No.
S shou	Village or City Waldord (No.	[It death occurred in
CP	Village of City	St.; Ward) a hospital or institution,
200	4.00	give its NAME inslead of street and number.]
HY:	FULL NAME acres (C.	Sutter (no clar or street and number.)
int o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T LY	3 SEX 4 COLOR OR RACE Seller,	16 DATE OF DEATH MA 1:1
ACT	MARRIED, Married	1913
H T	VEllale Calend (Write the word)	(Month) (Day (Year)
S A X	8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
E	Miskupion	, 191, to, 191,
ed.	(Month) (Day (Year)	that I last saw her alive on 13 2 april 1915
d b	7 AGE If LESS than	and that death occurred on the date stated above, at / a m.
oui	f day,hrs.	The CAUSE OF DEATH* was as follows:
ly ly	yrs, mos ds. OR min.?	accept Luppervitur Officeschietis
GE	8 OCCUPATION	
Pro	(a) Trade, profession, or particular kind of work.	with graphed supple Perstantes
Xee	(b) General nature of industry,	
lid o	business, or establishmenf in which employed (or employer)	(Duration) yrs mos ds.
m ma	9 BIRTHPLACE	Contributory Shock from operation
illy It	(State or country) Munfand	Secondary
refu hat erti	10 NAME OF	(Duration) Sultyrangumagelinds
200	FATHER William Butter	(Signed) Elwin M. Jyas brouck M. D.
5 × 5	11 BIRTHPLACE 210	april 13, 1915 (Nobres 50 7 + 4 - Une lies tons
pir pag	OF FATHER (State or country) William Care 12 Maiden Name OF MOTHER CO.	
te te	W 12 marsh have	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
ain ns	V 12 MAIDEN NAME OF MOTHER CO.	
to di	13 BIRTHPLACE 2	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
E L a	OF MOTHER (State or country) Mandaud	At place in the
ATT Ins	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs, mos ds Where was disease contracted,
DE Se	THE ABOVE IS THOSE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
E L	(Intermenty U.S. Exercistly Survey, But	Former or usual residence
Ite E C	714,01 - 21/1	10
US	(Address)	81 (1-1-0)
CA	16 14/12 72 Noise	20
m i	Filed 4//3 1915 JW Wall Green	20 UNDERTAKER ADÓRESS
ż	- REGISTRAR	Hund Tulgow Waldon

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. cases, especially in industrial employments, it is necness of various pursuits can be known. The question been changed or given up on account of the disease who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915
BUREAU, V.S.

N.B.—Zvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING 0 V. S. No. 1.

1 PLACE OF DEATH	5330 STATE OF MARYLAND
ahorly ?	CERTIFICATE OF DEATH
County	Registration Dist, No. 108
Village or City Received A	St.; Ward) [it death occurred in a hospital or institution, give its NAME lostesd of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIGOWED, ORDIVORCES (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 // I HEREBY CERTIFY, That I attended deceased from
TAGE TAGE TAGE TO DATE OF BIRTH Jeeley 98, 1900 (Year) The Second of the Second	that I last law h Lecelive on Afr 17 191
** OCCUPATION (a) Trade, protession, or particular kind of work ** OCCUPATION (a) Trade, protession, or particular kind of work ** OCCUPATION (b) Trade, protession, or particular kind of work ** OCCUPATION (c) Trade, protession, or particular kind of work	The CAUSE OF DEATH* was as follows:
(State or country)	Contributory Celustra July 2005.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) yrs mos ds. (Signed) (Address) (Addr
13 BIRTHPLACE OF MOTHER (State or country) ZCCA	TAL, SUICIDAL, OF HOSTICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al piace In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
(Intermant)	If not at place of death? Former or usual residence
16 Filed Class (2019) 5 AA Chappeles	PLACE OF BURIAL OR REMOVAL PARTY 20,19W ADDRESS Weekers
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT NEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "I'UERPERAL peritonitis," etc. State cause for childbirth or misearriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "PUERPERAL septichae-



V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state roperly classified. Exact statement of OCCUPATION is very RECORD PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Every Item of Information should be carefully supplied. AGE should be st CAUSE OF DEATH in piain terms, so that it may be properly classified. Important. See instructions on back of certificate. $C_{\rm c}$ N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, a WRITE

1 p	LAGE	OF/b	EAT
County	6	Tha	27
		11	0
Village or	City	-(-	25

5326

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

.St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number i

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX COLOR OR RACE SINGLE, MARKED, MIDOWED, Duigle	16 DATE OF DEATH 4- 23 191
2	Pale Write the word)	(Month) (Day (Year)
3 0	ATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from
	3- 10 0 1	
	(Month) (Day (Year)	that I last saw have alive on 191
T A	(- 0 - 1	./.
	1 dayhrs.	and that death occurred on the date stated above, at
	yrs mos ds. Or min. ?	The CAUSE OF DEATH* was as follows:
	CCUPATION	
) Trade, profession, or rticular kind of work	The informat the says the chus
	General nature of industry.	Mas a 7 minho offics.
	siness, or establishment in	(Ouration) yrs. mos. 2
	ich employed (or employer)	Contributory
B	(State or country)	Secondary
	Larry 6. 2nd	(Duration) yrs mos
	10 NAME OF FATHER STATES	(Signed) News m. Hand, Local Nie
S	11 DIDTUDI OF	16/2 1 1 -
ARENTS	OF FATHER	1915 (Address) Thostory XI
Ä	(State or country) Thou to the	*State the DISEASE CAUSING DEATH, or, in dooths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE
	12 MAIDEN NAME OF MOTHER	TAB, SEICIDAL, OF HOSICIDAL.
0	· Vicie M. · January	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)
	OF MOTHER (State or country) St. Mania & Tri	At place in the
4 -		ot death yrs mos ds. State yrs mos
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Interment) 120 M. Phorten	Former or
	P. V. P.	Usual residence
~	(Address). LOCK THUE	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15	4.1 1 2 7/20	copy the Cuntery Cob Neck 1/24, 1910
E11	ed 124 - 1915 Name M. 18078	20 NDERTAKER ADDRESS
FI	**************************************	



[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal menligitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of tungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "I'UERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For Vio-



should PHYSICIANS shoul of OCCUPATION RECORD statement PERMANENT EXACTLY. classified. should properly INK supplied. pe UNFADING may that 20 ō back terms. pinous 5 plain EATH in plain e Instructions See Item Every Item CAUSE OF Important.

15

State Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [It death occurred inWard) a hospital or institution. give its NAME Instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH OR RACE MARRIED. WIDOWED. Write the word! (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above 1 day, ___hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BiRTHPLACE (State or country) Contributory.... Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. State ____ Where was diseasa contractad. 14 THE ABOVE IS/TRUE If not at place of death? Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as affection need not be stated unless important. ture of the American Medical Association. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; "Exhaustion,"



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of should state CAUSE OF DEATH in plain terms, so that it may be properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

county Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 105
Village or City Onefel (No	St.; Ward) [If death eccorred in a hespital or institution, give its KAME instead of street and number.]
PERSONAL AND STATISTICAL PART CULARS	MEDICAL CERTIFICATE OF DEATH
Unk nown White Single of S	18 DATE OF OEATH Upril 37, 1915
6 DATE OF BIRTH Caper. 27 1915	17 I HEREBY CERTIFY, That I attended deceased from ,191 , to,191 , that I last saw halive on
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Still-Buth
(b) General nature of lodustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) yrs mes ds, Contributory Secondary
(State or country) Comfret, Md.	Secondary (Signed) 9 0 14 0 15 16 16 16 16 16 16 16 16 16 16 16 16 16
11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 13 MAIOEN NAME OF MOTHER 14 MAIOEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths om VIOLENT CAUSEA, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICINAL OF HOMICIDAL.
of MOTHER Hellen Novie 13 BIRTHPLACE OF MOTHER (State or country) Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the et death yrs. mee. de. State, yrs. mee. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) X Shelles Slees	Where was disease contracted, If not at piece of death? Former or usual residence
(Address) Pornfut-Dress	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL Off 27 191
Flod 9 - 22, 191 Meally REGISTRAR	16 W. Saratoga St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return For persons who have no occupation whatever The material worked on may form part If the occupation has been changed If retired from without more "Laborer," (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia") term for the same disease. time and eausation), CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemie eerebropneumonia. Bronchopneumonia using always the same accepted Examples: ("Pneumonia," Cerebrospinal

> DIT this certificate is looked over thoroughly and all queson Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of birth or miscarriage as "PUERPERAL septichaemia," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping chopneumonia "Old Age," "Shock," "Uraemia," "Weakness," (secondary), 10 ds. The contributory (secondary or intercur-State cause for which Never ACCIDENTAL, report mere

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. All the data is essential and must be obtained before



V. S. No. 1.

N.

	1 PLACE OF DEATH	STATE OF MARYLAND
	OB and	CERTIFICATE OF DEATH
Go	unty	Registration Dist, No. 108
VII	lage or City Deopherrille (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	2 FULL NAME Xucuida	Neovertee " or outer and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	eccal Acolor or RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Month (Day (Year)
60	ATE OF BIRTH	17 I KEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h alive on Co 20, 1910
TA	GE 82 9 If LESS than t day,hrs.	and that death occurred on the date stated above, at 15,30 m, The CAUSE OF DEATH* was as follows:
(a	CCUPATION) Trade, profession, or ricular kind of work	Voler Lecentry
(b) bus	General nature of industry, iness, or establishment in ich employed (or employer)	(Duration) yrs mos ods.
9 8	(State or country)	Contributory Clear Occessoring Secondary
41	10 NAME OF FATHER NIM WOLL	(Signed) (Si
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
PARI	of Mother Coffeence astricks	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	or RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds
14 _T	HE ABOVE IS TOUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(interment) Love Sever us	Former or usual residence
	(Address) Josneforon As	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Marra Horry 191
Fil	ed	20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malls. oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. Accidental drowning; Struck by railray train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of The nature of the



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5	1	The same of
certificate.		
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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very see instructions on horse of problems. Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o PLACE OF DEATH

Tharles

or City Angheorille (No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 108

-St.;-----Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

	FULL NAME & O'erdinand	Watsou of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	(Menth) (Day (Year)
6 DATE	(Month) (Day (Year)	1915, to 1915 to 29 , 1915, that I last saw him alive on 1915
TAGE	It LESS than	and that death occurred on the date stated above, at
	yrs 5 mos ds 1 day,hrs. OR min. ?	The CAUSE OF DEATH* was as follows:
(a) Tra particul (b) Gen business	JPATION de, profession, or lar kind of work	Lot as frumerica (Ouration) yrs mos 2 ds.
9 BIRT (St	HPLACE ate or country)	Secondary 2012 Julianious
	PNAME OF Charles Watson	(Signed) F.D. Chappeler, M.D.
2	BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injunt; and (2) whether Acciden-
PARE 12	of Mother Sallie Cum adams	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13	OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Mant) Exercit Carroll	Where was disease contracted, It not at place of death? Former or usual residence
16	(Address) Jallent Green	Mary's Church May 1915



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the disease who receive a definite saiary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1915 BUREAU, V.S.

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state pinous OCCUPATION PHYSICIANS Jo statement classified. supplied. plai I DEAT POF mportant. Every Ite Z

1 PLACE OF DEATH STATE OF MARYLAND 5330 CERTIFICATE OF DEATH Registration Dist. No./ fit death occurred in Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. married WIDOWED. Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above, at... 1 dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Guration) which employed (or employer) 9 BIRTHPLACE Gontributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) yrs. __ mos. ... State _____ yrs. ____ mes. __ ds. 14 THE ABOVE IS TRUE TO Where was disease contracted. OF MY KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. &

REGISTRAR

Troal

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the material worked on may form part of the second statement. Never return "Laborcr," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"nant neoplasms); Mcasles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ete. The eontributory (secondary or intercurrent) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Always qualify all diseases resulting from (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY6 1915
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

Village or City Part Totacco



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.; Ward)

[If death occurred in a hospifal or institution, give Its NAME Instead

²FUI	LL NAME Still Born (Willis) of street and nomber.]
PERSO	DNAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX male	Color or race 5 single, MARRIED, WIDOWED, ORDIVERED (Write the word)	16 DATE OF DEATH CAPIE 18th 1915— (Month) (Day (Year)
DATE OF BIRT		that I last ssw h alive on still form 191 and that desth occurred on the date stated above, st
8 OCCUPATION (a) Trade, profession particular kind of w	ork	Hill Born
(b) General nature of business, or establ which amployed (or ⁹ BIRTHPLACE	lishment in	(Ouration) yrs mos ds.
State or country of FATHER 10 NAME OF FATHER 11 BIRTHPL OF FATT (State of MOTE) 12 MAIDEN OF MOTE 13 BIRTHPL	Lehra Willio ACE HER Trountry) Whao his. 2nd NAME THER Lessie Lemmes ACE HER Trountry) Whao, his had STRUE TO THE BEST OF MY KNOWLEDGE Lehra Willis	(Signed) (Doraflon) yrs mos ds. (Signed) (Signed) (Address) (Addr
(Address)	18,1915 Rayfryn Jest	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF SURIAL OF SURIA



[Approved by U. S. Census and American Public Health Association.]

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